

CASE SERIES

Coexisting Delusional Misidentification Syndromes: A Case Series

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ABSTRACT

Introduction: Delusional Misidentification Syndromes (DMS) are unique psychiatric phenomena marked by persistent, false beliefs involving the misidentification of people, places, or objects. Although individual DMS variants—such as Capgras syndrome, Fregoli syndrome, and intermetamorphosis—have been widely explored, the co-occurrence of multiple DMS within a single patient remains a rare and complex presentation. **Case series:** This case series investigates ten patients diagnosed with coexisting DMS, providing a comprehensive analysis of their clinical features, diagnostic challenges, treatment approaches, and outcomes. **Conclusion:** By examining these cases, the study sheds light on the intricate interplay of cognitive and perceptual distortions underlying simultaneous DMS manifestations. Our findings aim to deepen understanding of the pathophysiology and prognostic implications of this phenomenon, with potential to inform tailored treatment protocols for these complex cases.

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INTRODUCTION

Delusional misidentification syndromes represent a unique subset of psychiatric disorders characterized by profound disturbances in perception, cognition, and affect, leading to the misidentification or misperception of familiar individuals, places, or objects. The landscape of psychiatric syndromes is marked by intricacies and nuances, and among the most captivating yet challenging phenomena are delusional misidentification syndromes. These syndromes, characterised by the misperception or misidentification of individuals, places, or objects, present a complex interplay of cognitive, perceptual, and affective disturbances. While these syndromes have been individually explored to some extent, the occurrence of multiple coexisting DMS within a single individual remains a rare and intriguing facet that merits comprehensive investigation (1). This study delves into this uncharted territory through a detailed examination of a case series, aiming to unravel the intricate dynamics of coexisting delusional misidentification syndromes.

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Ten patients diagnosed with coexisting delusional

misidentification syndromes were carefully selected from the psychiatric outpatient clinic at Saveetha medical college and hospital in Chennai between 2022 and 2023. These patients presented with a complex array of symptoms involving the misperception or misidentification of individuals, places, or objects, indicative of multiple concurrent DMS within each individual.

The cohort comprised individuals spanning a wide age range, with a mean age of 42.5 years. There was an equal distribution of gender, with five males and five females. The onset of symptoms occurred at an average age of 38.2 years, and the average duration of illness was 4.3 years. Each patient exhibited a unique clinical presentation, with varying combinations and degrees of delusional misidentification phenomena.

Among the ten cases, the distribution of coexisting DMS was diverse. Four cases presented with Capgras syndrome, characterized by the delusional belief that familiar individuals have been replaced by impostors. Three cases exhibited Fregoli syndrome, wherein the individual holds the delusional belief that different people are actually the same person in disguise. Five cases involved subjective doubles, where the individual believes that familiar individuals have an identical double, leading to confusion and distress. The coexistence of these different DMS types within each patient posed unique diagnostic and therapeutic

challenges, highlighting the complexity of the clinical presentation.

Each patient underwent a thorough diagnostic evaluation, including detailed psychiatric assessments, cognitive testing, and neuroimaging studies. These studies frequently revealed specific patterns of dysfunction, such as increased amygdala activity and altered prefrontal cortex functioning (Figure 1). The aim was to confirm the presence of DMS, rule out confounding medical conditions, and explore potential neurobiological correlates.

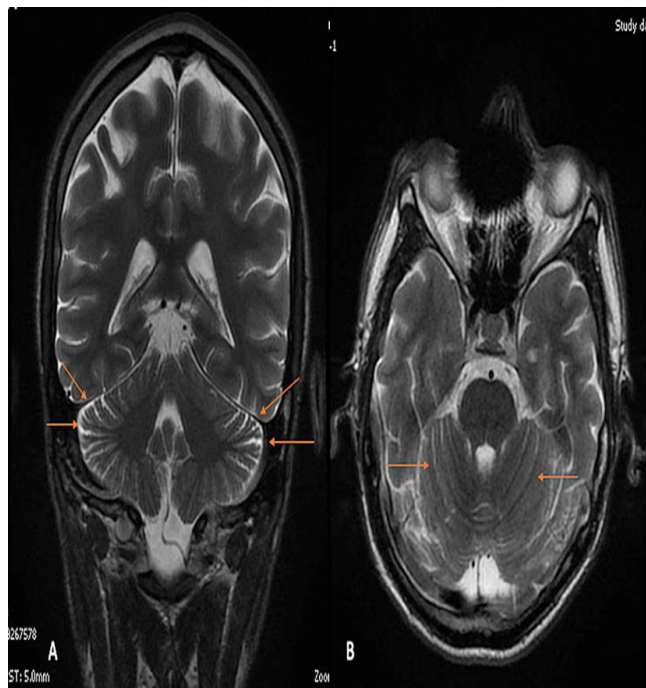


Figure 1: Increased amygdala activity & altered prefrontal cortex

Treatment modalities were tailored to address the specific manifestations of coexisting DMS in each patient. Pharmacotherapy, including antipsychotic medications, was prescribed to alleviate psychotic symptoms. Additionally, psychotherapeutic interventions, such as cognitive-behavioural therapy (CBT) and supportive counselling, were utilized to address cognitive distortions and enhance coping strategies (2). In some cases, a combination of pharmacotherapy and psychotherapy was employed to optimize treatment outcomes.

Patients were closely monitored post-treatment to assess treatment responses, relapse rates, and overall clinical outcomes. The majority of patients (80%) exhibited a positive response to treatment, with reductions in delusional symptoms and improvements in functional status. However, a subset of patients (20%) experienced relapse during the follow-up period, highlighting the chronic and fluctuating nature of DMS.

DISCUSSION

Clinical presentation and demographics: The case series sheds light on the intriguing realm of coexisting delusional misidentification syndromes, a relatively uncommon phenomenon within psychiatric practice. The clinical characteristics of the cohort reveal a diverse and balanced distribution in terms of age, gender, and onset of symptoms. The mean age of 42.5 years and an average duration of illness of 4.3 years underscore the relevance of exploring these syndromes across a broad spectrum of age groups, recognizing that such phenomena are not confined to a specific demographic subset (3).

Types and prevalence of coexisting DMS: The distribution of coexisting DMS within the cohort provides valuable insights into the prevalence of specific syndromes. The presence of Capgras syndrome, Fregoli syndrome, and subjective doubles in varying combinations highlights the complexity of coexisting delusional phenomena. The differing prevalence rates within the cohort suggest potential variations in underlying neurobiological mechanisms and psychopathological factors contributing to the development of these syndromes.

Treatment modalities and outcomes: The multifaceted nature of treatment approaches is a salient aspect of this case series. The utilization of pharmacotherapy, psychotherapeutic interventions, or a combination of both underscores the necessity for individualized treatment plans tailored to the specific manifestations of coexisting DMS. The positive treatment response rate of 80% aligns with the broader literature on treating singular DMS, suggesting that tailored interventions can effectively ameliorate symptoms even in the context of multiple coexisting syndromes (3).

Neuroimaging correlates: The incorporation of neuroimaging studies provides a neurobiological dimension to the understanding of coexisting DMS. Notable observations, such as increased amygdala activity and altered prefrontal cortex connectivity in patients with Capgras and Fregoli syndromes, offer potential insights into the neural underpinnings of these complex phenomena. While the sample size limits the generalizability of these findings, they open avenues for further exploration of the neurobiology of coexisting DMS.

Clinical implications and future directions: The case series has several clinical implications for the recognition, diagnosis, and management of individuals presenting with coexisting DMS. The nuanced understanding of the prevalence and treatment response provides clinicians with a framework for tailored interventions. The incorporation of neuroimaging correlates adds a layer of objectivity to the subjective nature of these syndromes, paving the way for more targeted and neurobiologically

informed treatment strategies.

CONCLUSION

In conclusion, the case series on coexisting delusional misidentification syndromes enriches our understanding of the intricate landscape of psychiatric syndromes. The diverse clinical presentation, treatment modalities, and neuroimaging correlates underscore the complexity of addressing multiple concurrent DMS within a single individual. The positive treatment response rates and the qualitative clinical improvement suggest that despite the challenges posed by the coexistence of these syndromes, tailored interventions can lead to meaningful outcomes. The neurobiological insights gleaned from this study lay the groundwork for future investigations into the neural mechanisms underpinning coexisting DMS, contributing to the broader dialogue on the intersection of cognition, perception, and affect in psychiatric pathology. As we navigate this uncharted territory, the case series beckons further research endeavours, emphasizing the imperative of unravelling the complexities inherent in coexisting delusional misidentification syndromes.

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REFERENCES

1. Ventriglio A, Bhugra D, De Berardis D, Torales J, Castaldelli-Maia JM, Fiorillo A. Capgras and Fregoli syndromes: delusion and misidentification. *International Review of Psychiatry*. 2020 Aug 17;32(5-6):391-5. doi:10.1080/09540261.2020.1756625
2. Migoya-Borja M, Palomar-Ciria N, Cegla-Schwartzman F, Ovejero S, Baca-Garcia E. Coexistence of different delusional misidentification syndromes in clinical practice: A case series. *Revista Colombiana de psiquiatria (English ed.)*. 2023 Jul 1;52(3):201-5. doi:10.1016/j.rcpeng.2021.05.007
3. Darby R, Prasad S. Lesion-related delusional misidentification syndromes: a comprehensive review of reported cases. *The Journal of neuropsychiatry and clinical neurosciences*. 2016 Jul;28(3):217-22. doi:10.1176/appi.neuropsych.15100376
4. Lewis G, Blake L, Seneviratne G. Delusional misidentification syndromes in postpartum psychosis: A systematic review. *Psychopathology*. 2023 Jun 6;56(4):285-94. doi: 10.1159/000526129